

Name
in
Full

CERTIFICATE OF DEATH

Hattie Adams

Town

County

MARYLAND

Died at

Millington

Kent

Date

of death

1900 Feb

Day

13th

Age

30

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Virginia

Occupation

House maid

Where Residing if not
at place of death

Baltimore Md

Married, Single
or Widowed

Widow

Name of Wifs or
Husband

George Adams

Father's
Name

Thompson

Father's
Birthplace

Virginia

Mother's
Meiden Nams

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Latta Landrum

How related
to deceased

Mother in law

CAUSES OF DEATH

Primary

Cancer Uterus

How long

Two Years

Immediate

Anemia

How long

six months

Are the nams, age, sex, color, date
and places correctly given above?

Yes

Signature of
Physician

R. C. Townson Md

Address

Millington
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Millington

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lydia Virginia Ashley

Town

Rock Hall

County

Kent

MARYLAND

Date
of death

1940

Month

Feb

Day

26

Age

Years

58

Months

8

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Kent Co Md

Occupation

Housewife

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

James E Ashley

Father's
Name

John Esenbrey

Father's
Birthplace

Maryland

Mother's
Maiden Name

Chloe Hackett

Mother's
Birthplace

Maryland

Name of person giving
Information

James E Ashley

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer of Breast.

How long

43

Immediate

Exhaustion

How long

2 Weeks.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. St. Paul M.D.
Rock Hall MdPHYSICIAN
OR CORONER

Accident or Suicide



Name

in
Full

Eliza Ellen

Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

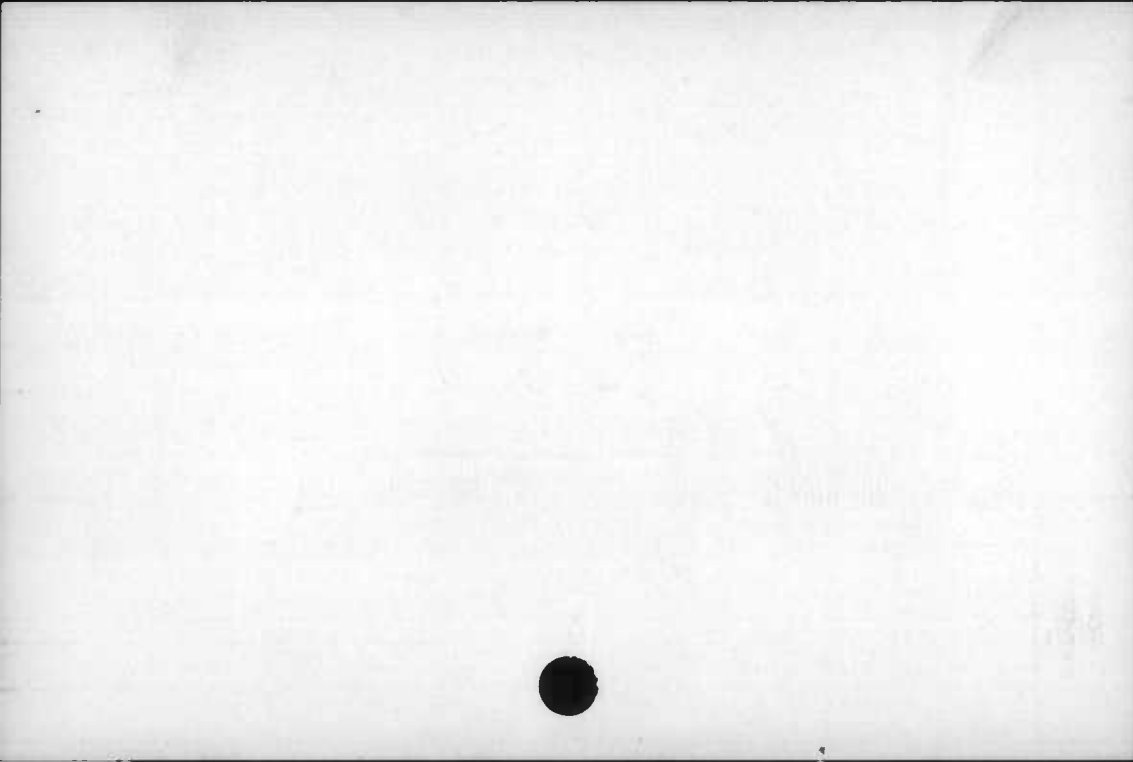
Died at <i>Pinie Neck</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>Feb</i> <small>Month</small>	<i>9</i> <small>Day</small>	Age <i>57</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md.</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Baker</i>				
Father's Name <i>Thomas Cruikshanks</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah E. Lowmy</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Tobitha McLane</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis & Exhaustion</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Kelly M.D.</i>
	Address <i>Rock Hall Md.</i>
Accident or Suicide?	



Name
in
Full

Lemuel T. Dick

CERTIFICATE OF DEATH

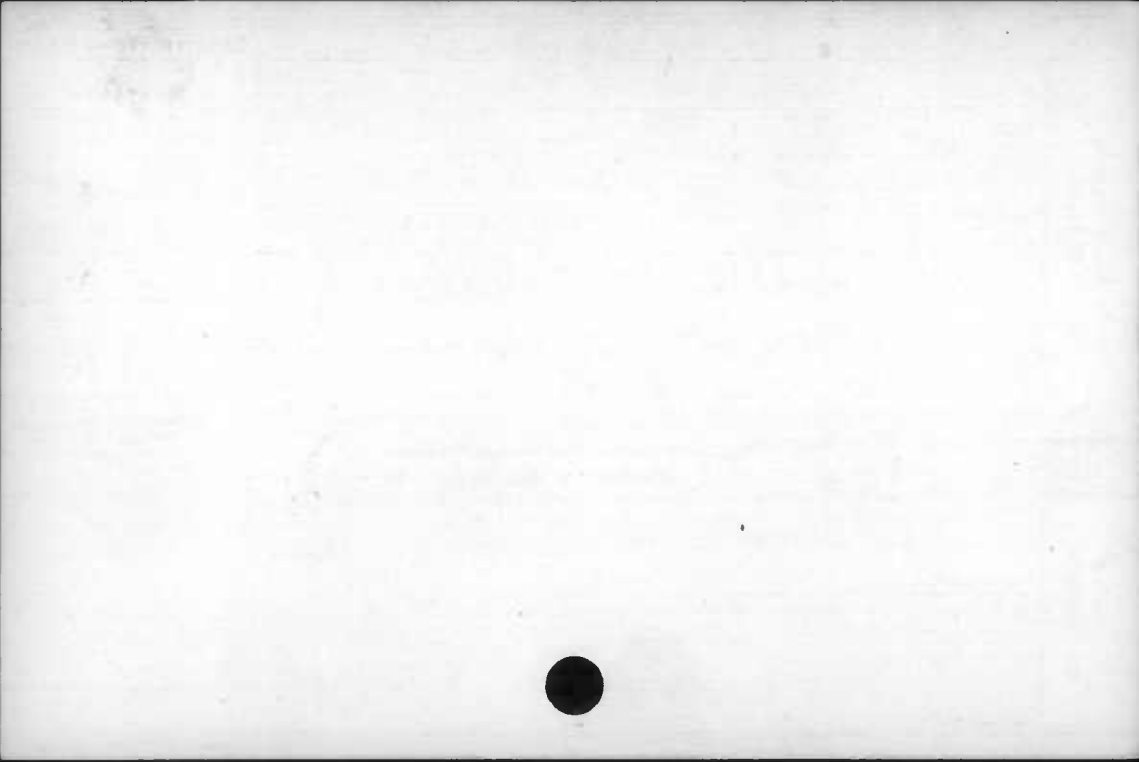
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pinney Neck</i> Town		<i>Kent</i> County		MARYLAND	
Date of death 19 <i>10</i>	<i>Feb</i> Month	<i>7</i> Day	Age <i>78</i> Year	<i>—</i> Months	<i>—</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co Md</i>			
Occupation <i>Waterman</i>	Where Residing if not at place of death <i>at Place of Death</i>				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Martha A Ashley</i>				
Father's Name <i>Elijah Dick</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary E. Robinson</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Matilda Ashley</i>	How related to deceased <i>Saughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Kelly M.D.</i>
	Address <i>Rocky Hill Md.</i>
Accident or Suicide	



Name
in
Full

William H. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Galena* *Kent.* County **MARYLAND**

Date of death *1960* Month *Feb* Day *16* Age *41* Years Months *4* Days *14*

Sex *Male* Color or Race *Black* Birth-place *Kent County*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *do not know*

Father's Name *Norris Brown* Father's Birthplace *Kent Co.,*

Mother's Maiden Name *Charlotte ~~Br~~ Price* Mother's Birthplace *Kent Co.*

Name of person giving Information *Norris Brown* How related to deceased *Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

3 weeks

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

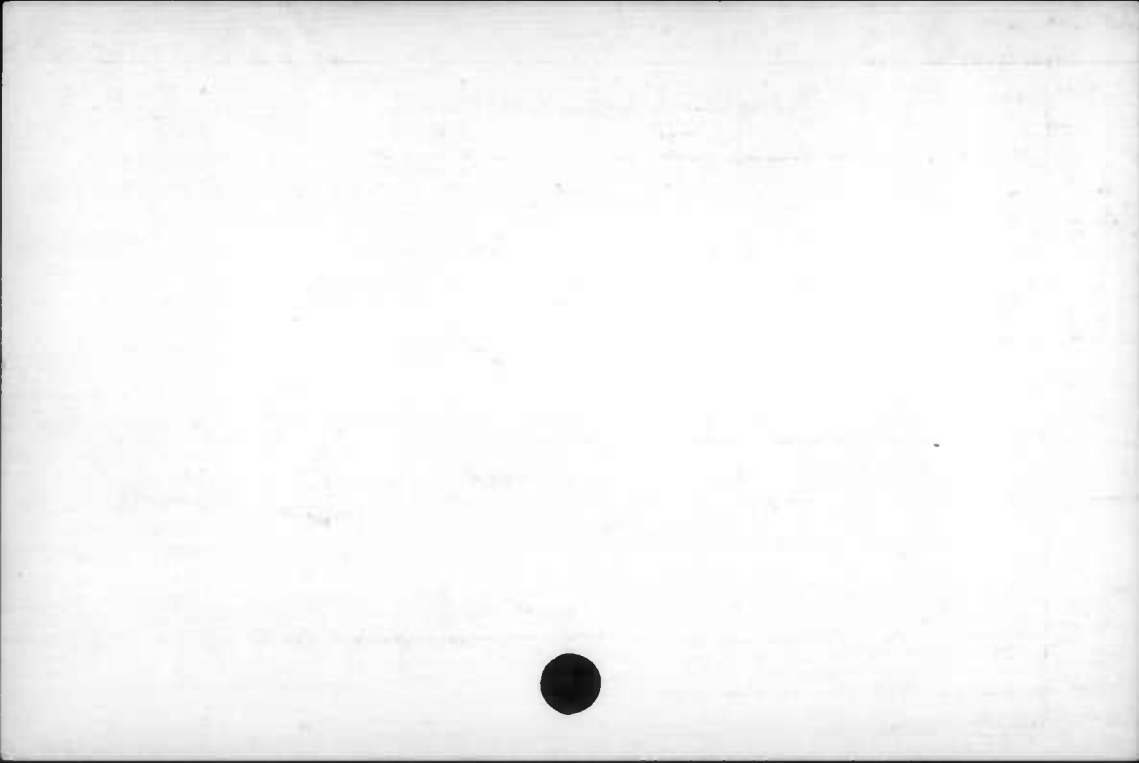
Yes

Signature of Physician

Edward A. Scott,
Galena, Ind.

Address

PHYSICIAN
OR CORONER*Accident or Suicide*



Name
in
Full

Kate Conneegys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Millington		^{County} Kent		MARYLAND	
Date of death 1940	Month Feb	Day 12	Years 65	Months	Days
Sex Female	Color or Race White		Birth-place md		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of Wife or Husband M. Conneegys			
Father's Name Wm Rose		Father's Birthplace md.			
Mother's Maiden Name S. E. W. Powell		Mother's Birthplace Md.			
Name of person giving information C. E. Conneegys		How related to deceased Son			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Infirmity of age	How long	1 year
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. Conneegys	
Yes		Address Millington md.	
Accident or Suicide?			

Centerville

Med

Name
in Full

David Bruce Crew.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Watson Town		Kent County		MARYLAND	
Date of death	19 60	Month	Feb	Day	4
Age		32		Months	—
Sex	male		Color or Race	white	
Occupation	unknown		Birth-place	md	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	J. Edwin Crew		Father's Birthplace	md	
Mother's Maiden Name	Harriett E. Hurley		Mother's Birthplace	N. Jersey	
Name of person giving Information	Lucie Crew		How related to deceased	sister	

CAUSES OF DEATH

Primary	Tuberculosis Kidney	How long	about 18 months
Immediate	Anemia	How long	several weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Simpson
		Address	Chesapeake
Accident or Suicide	No		

PHYSICIAN
OR CORONER

Gull Pond Cemetery

Name
in
Full

Charles Wesley Crow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Maryland</u> ^{Town} <u>Hunt</u> ^{County}		MARYLAND	
Date of death 19 <u>00</u> ^{Month} <u>11</u> ^{Day} <u>16</u>	Age <u>66</u>	Months <u>11</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Crow</u>		
Father's Name <u>Mr. E. Crow</u>	Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Sarah Curington</u>	Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>C. H. Crow</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary Bright's Disease + Endocarditis (Rheumatic) How long 8 or 10 years.

Immediate Anasarca + ascites with gradual heart failure How long Several months.

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician

Address

Harry L. Dodge

Chester town, Md.

PHYSICIAN
OR CORONER~~Assistant or Solicitor~~

Charles D. Dody.

St Pauls Cemetery



Name
In
Full

Wilson

Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Pine Neck* Town*Kent* County

MARYLAND

Date

of death

19*60*

Month

7th

Day

13

Age

Years

—

Months

5

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Kent-Ce. Md.*

Occupation

*None*Where Residing if not
at place of death*at place of death*Married, Single
or WidowedName of Wife or
Husband*None*Father's
Name*Clarence F. Edwards*Father's
Birthplace*Kent-Ce. Md.*Mother's
Maiden Name*Mollie E. Foughlen*Mother's
Birthplace*Kent-Ce. Md.*Name of person giving
In formation*Steward M. Edwards*How related
to deceased*Uncle**(Infantile diarrhea)*

CAUSES OF DEATH

104

Primary

Stomach Catarrh

How long

2 months

Immediate

Exhaustion

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*W. Kelly M.D.
Rockville*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas L. Tymire

Died at ^{Town} Rock Hall, Kent ^{County} MARYLAND

Date of death 1901 ^{Month} Feb, ^{Day} 16 ^{Age} 62 ^{Years} 62 ^{Months} 5- ^{Days} 10

Sex Male ^{Color or Race} White ^{Birth place} Pottsville Pa

Occupation ^{Where Reaiding if not at place of death} at home

Marriad, Single or Widowed Married ^{Name of Wife or Husband} Elizabeth Canfield

Father's Name Daniel L. Tymire ^{Father's Birthplace} Pottsville Pa

Mother's Maiden Name Susan Schwartz ^{Mother's Birthplace} Pa

Name of person giving Information Elizabeth Canfield ^{How related to deceased} wife

CAUSES OF DEATH

92

Primary Pneumonia ^{How long} 7 days

Immediate Exhanstion ^{How long} One day

Are the nama, age, sex, color, date and place correctly given above? ^{Signature of Physician} W. Kelly M.D.

^{Address} Rock Hall, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Chas. L. Todd
mustered to
William Scott
Pa

for burial, interment
in Harrisville Cemetery

Name
in
Full

Mary Ellen Gibbs

CERTIFICATE OF DEATH

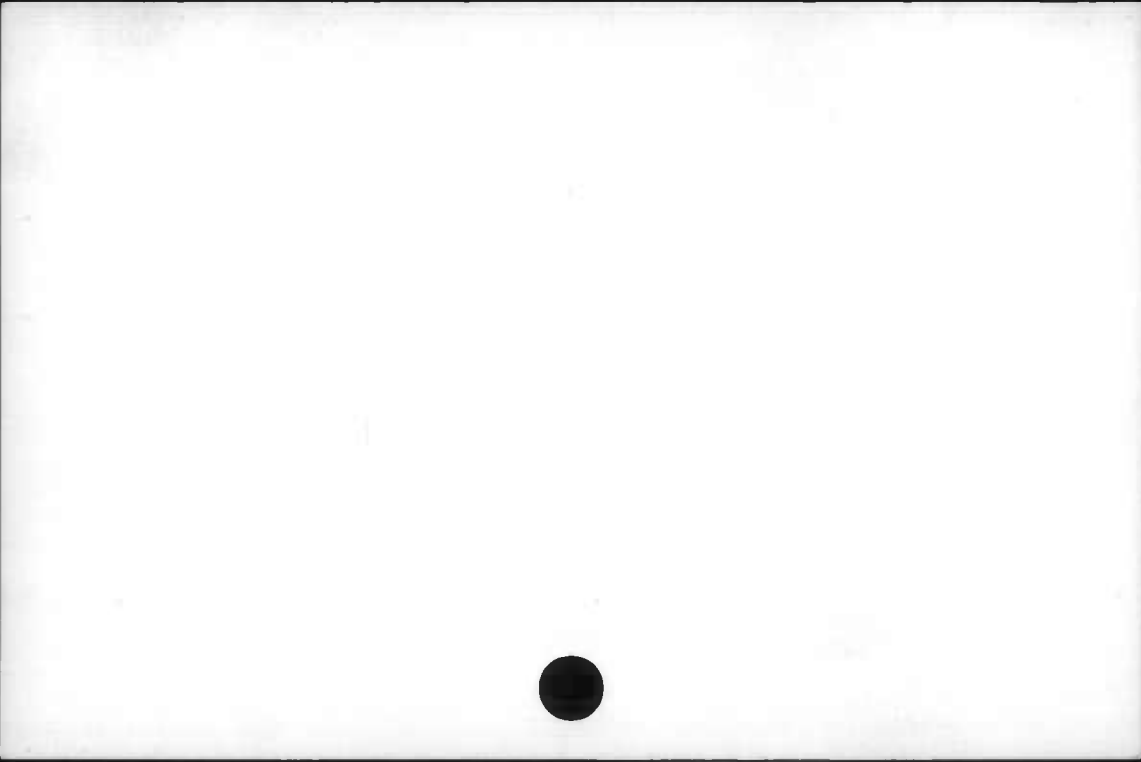
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Chesapeake</u>		County <u>Kent</u>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19 <u>60</u>		<u>2</u>	<u>3</u>	<u>23</u>			
Sex	<u>Female</u>	Color or Race	<u>Col</u>	Birth-place	<u>MD</u>		
Occupation	<u>house</u>			Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>			Name of Wife or Husband			
Father's Name	<u>Jos. Gibbs</u>				Father's Birthplace	<u>Kent Island</u>	
Mother's Maiden Name	<u>Jane Sanders</u>				Mother's Birthplace	<u>MD</u>	
Name of person giving Information	<u>Mother</u>				How related to deceased		

CAUSES OF DEATH

Primary	<u>Bright's disease</u>	How long	<u>several months</u>
Immediate	<u>Coma</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W E Simpson</u>
		Address	<u>Chesapeake</u>
Accident or Suicide	<u>no</u>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Hackett, Godwin
 Town Charleston County West.
 Died at Charleston West.
 Date of death 1910 Feb. 25. Age 69
 Sex Male Color or Race White Birth-place Baltimore
 Occupation None Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name William Godwin Father's Birthplace Pa. Co
 Mother's Maiden Name Martha Hackett Mother's Birthplace Pa. Co
 Name of person giving Information James. Roeburns How related to deceased Nephew

CAUSES OF DEATH

Primary Paralysis Proximal 67 ✓ How long 10 yrs
 Immediate Exhaustion How long 4 yrs
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Chas W. W. W. W.
 Address Charleston S.C.
 Accident or Suicide —

PHYSICIAN
OR CORONER

Chas L. Dady.

I. M.

Wm. Ferry.

Name
in
Full

Manuel Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

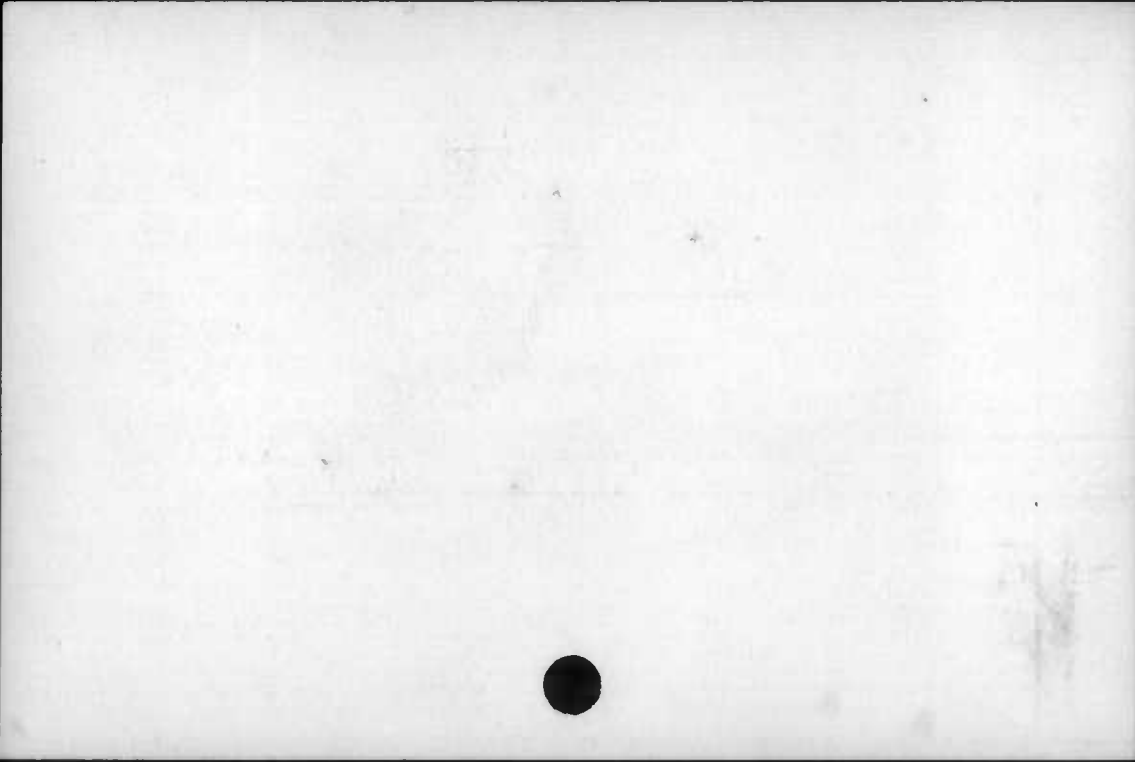
Died at Rock Hall ^{Town}		Kent- ^{County}		MARYLAND	
Date of death 1960	Month 7	Day 23	Age 18	Months —	Days —
Sex Male	Color or Race Black	Birth-place Maryland			
Occupation Waterman	Where Residing if not at place of death at place of death				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Warren Hawkins	Father's Birthplace Maryland				
Mother's Maiden Name Sarah Washington	Mother's Birthplace Maryland				
Name of person giving information Frank Hawkins	How related to deceased Brother				

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 8 days
Immediate Asthma	How long five weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. H. Schwatka M.D.
	Address Rock Hall Md
Accident or Suicide? No	



Name
in
Full

Mary Elizabeth - Hinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rock Hall		County Kent		MARYLAND	
Date of death	1910	Month 7	Day 26	Age	80	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Kent Co Md
Occupation	House Wife			Where Residing if not at place of death at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Richard Hinson			
Father's Name	Samuel Freeman				Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Berryman				Mother's Birthplace	Maryland	
Name of person giving In formation	Sarah Kennard				How related to deceased	Daughter	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	General Debility		How long	6 months
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Rock Hall Md		
Accident or Suicide?				



Name
in
Full~~Still Pond~~ Infant ~~Ivens~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Still Pond ^{County} Kent. MARYLANDDate of death 1906 ^{Month} Feb ^{Day} 5 ^{Age} ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} MdOccupation ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name Frank Ivens ^{Father's Birthplace} Kent Co MdMother's Maiden Name Grace Fogwell ^{Mother's Birthplace} Kent Co MdName of person giving Information Frank Ivens ^{How related to deceased} Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary Premature, ^{How long} a few minutes.Immediate ^{How long}Are the name, age, sex, color, data and place correctly given above? yes, ^{Signature of Physician} WS Maxwell,^{Address} Still Pond, Md,

Accident or Suicide

Chester Cemetery

Name
in
Full

Rena Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Coleman		Town		County Stent		MARYLAND	
Date of death 1900 Feb		Month		Day 13		Age 2	
Sex female		Color or Race black		Birth-place md		Months —	
Occupation — — —		Where Residing if not at place of death — — —		Days —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name William Jackson		Father's Birthplace md					
Mother's Maiden Name Lizzie Howard		Mother's Birthplace md					
Name of person giving Information William Starling		How related to deceased none					

CAUSES OF DEATH

Primary	Bronchitis	How long	unknown
Immediate	Heart Failure	How long	"
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician L. P. Atwell M.D.	
		Address 314 Bond md.	
Accident or Suicide			

PHYSICIAN
OR CORONER

Union Church yard

Name
in
Full

Morgis Lennord Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

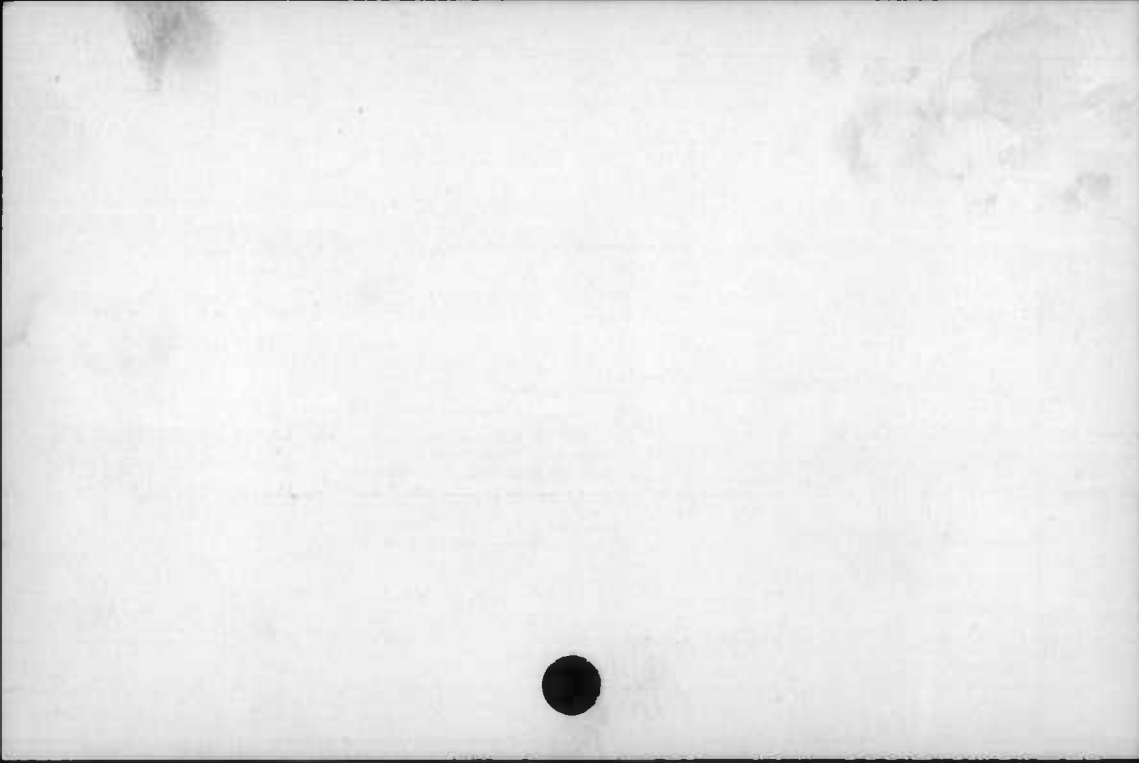
Died at <i>Near Rock Hall</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>19/11</i>	Month <i>7</i>	Day <i>2</i>	Age <i>11</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>				
Occupation <i>School Boy</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Not any</i>						
Father's Name <i>Harry S Kelley</i>	Father's Birthplace <i>Kent Co Md</i>						
Mother's Maiden Name <i>Ida L Porter</i>	Mother's Birthplace <i>Kent Co Md</i>						
Name of person giving information <i>Harry S Kelley</i>	How related to deceased <i>Further</i>						

CAUSES OF DEATH

92 ✓

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>12 days</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. O. Kelly</i>
	Address <i>Rock Hall Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Thomas Murry

Town

County

MARYLAND

Died at near Chestertown Kent-

Date

of death

1910 Feb.

Day

18

Age

49

Months

- 11

Days

17

Sex

male

Color or
Race

black

Birth-
place

Baltimore Md

Occupation

laborer-

Where Residing if not
at place of death

-

Married, Single
WidowedName of Wife or
Husband

Martha Williams

Father's
Name

Isaac Murry

Father's
Birthplace

Kent Co. Md.

Mother's
Maiden Name

Annie M. Wilson

Mother's
Birthplace

Cambridge Md

Name of person giving
Information

Letter Henry Elias

How related
to deceased

Sister-

CAUSES OF DEATH

123

Primary

Renal calculus, Nephritis

How long

Several years

Immediate

Coma

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. E. Impers
Chestertown

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hicks

Romana

Name
in
Full

CERTIFICATE OF DEATH

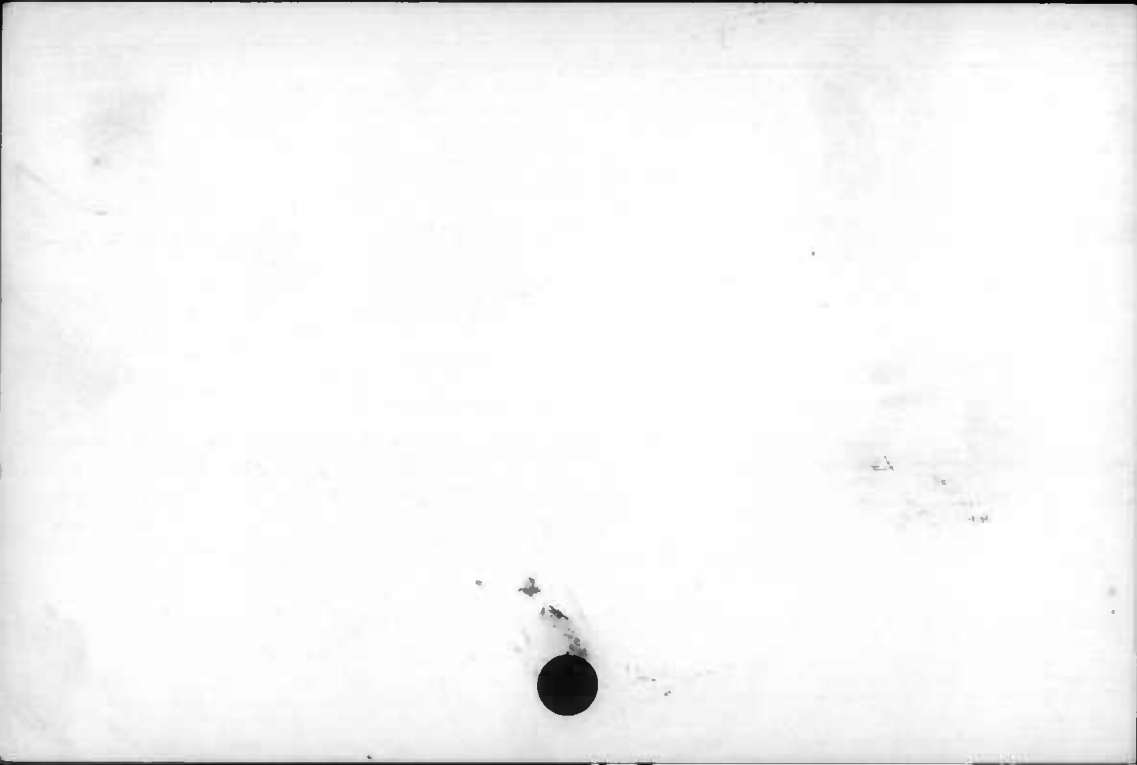
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Millington		Kent					
Date of death	Month	Day	Age	Years	Months	Days	
1900	Feb	26	56		-	19	
Sex	Color or Race		Birth-place				
Male	Colored		Millington Md				
Occupation	Where Residing if not at place of death						
Farmer laborer	at home						
Married, Single or Widowed	Name of Wife or Husband						
Married	Mary Riley						
Father's Name	Father's Birthplace						
Charles M Riley	Mary land.						
Mother's Maiden Name	Mother's Birthplace						
Harriett	Unknown						
Name of person giving Information	How related to deceased						
Mary Riley	Daughter						

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	120
Immediate	Uremia	How long	3 years 2 day.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Yes	GP Gorman MD	Millington Md	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Laurie Rabbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i>		Town		<i>Kent</i>		County		MARYLAND	
Date of death <i>1900 Feb 9</i>		Month		Day <i>24</i>		Age <i>64</i>		Months <i>5</i> Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Millington Md</i>					
Occupation <i>Laundress</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Gilbert Rabbins</i>							
Father's Name <i>William Rochester</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Annie Freeman</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving Information <i>James Cooper</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>6 days</i>	
Immediate <i>Valvular Heart Trouble</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Gorman M.D.</i>	
Address <i>Millington Md</i>			
Accident or Suicide			

Millington

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sadie Thomas</i>		Town <i>Chestertown</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Died at <i>Chestertown</i>		Month <i>Feb.</i>		Day <i>8</i>		Years <i>1</i>	
Date of death 19 <i>90</i>		Month <i>Feb.</i>		Day <i>8</i>		Years <i>1</i>	
Sex <i>female</i>		Color or Race <i>black</i>		Birthplace <i>Chestertown</i>		Months <i>6</i>	
Occupation <i>infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Alex. Thomas</i>		Father's Birthplace <i>Kent Co</i>					
Mother's Maiden Name <i>Rena Wilson</i>		Mother's Birthplace <i>Bl. Co. Md.</i>					
Name of person giving Information <i>Elsie Taylor</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho pneumonia</i>	How long <i>6 days</i>
Immediate <i>Cardiac failure</i>	How long <i>Several hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Jenkins</i>
	Address <i>Chestertown</i>
Accident or Suicide <i>no</i>	

Hicks

Colored cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua Thomas Twilley
Died at *Chestertown* ^{Town} *Kent* ^{County} **MARYLAND**
Date of death 19*80* ^{Month} *Febry* ^{Day} *14* ^{Years} *83* ^{Months} *4* ^{Days} *11*
Sex *Male* Color or Race *White* Birth-place *Wicomico Co*
Occupation *Retired Dentist* Where Residing if not at place of death *Chestertown*
Married, Single or Widowed *Married* Name of Wife or Husband *Anna M. Twilley*
Father's Name *Robert Twilley* Father's Birthplace *Wicomico Co.*
Mother's Maiden Name *Milcah Dickerson* Mother's Birthplace *Wicomico Co.*
Name of person giving Information *Geo. B. Twilley* How related to deceased *Son.*

CAUSES OF DEATH

Primary *Paralysis*

How long

*1 yr*Immediate *Brain Convulsion*

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Chestertown Md*PHYSICIAN
OR CORNER

Accident or Suicide

L. C. Ferguson,
Chester Cemetery.
Kent Co. Md.